

# New Tools for Disaster Response Training

George S. Everly, Jr., PhD



The field of disaster mental health was largely born in 1992.



First concern was for that of the  
mental health of disaster responders!









Stan Honda / AFP



Matthew McDermott / Corbis Sygma

# **THE RISK...**

Up to 50% (~35%) of disaster responders may suffer adverse psychological or behavioral reactions to their work.

(Myers & Wee, 2005, Disaster Mental Health)

# THE RISKS...

- PTSD
- Depression
- Domestic violence
- ETOH & Substance abuse
- Divorce
- Higher medical costs
- Accidents?
- Shortened careers?



# Risk of psychological problems increases with...

- Lack of pre-deployment preparation
- Longer the exposure
- Greater the exposure to dead bodies and body parts (greater the distortion)
- Death of children
- Terrorism (esp. biologic, chemical, or radiologic)

Public health, public safety, and other disaster responders VERY resistant to seeking mental health care.

Over 50% who recognize they have a problem refuse to seek care!

Those organizations that knowingly  
expose workers to risk of  
psychological harm and further fail to  
provide some form of support are  
**NEGLIGENT.**

True or False



# Critical Incident Stress Management

- Most widely used disaster MH response system
- Represents an integrated multi-component strategic planning system
- Pre-incident prep, large & small group crisis intervention, individual assessment & intervention, follow-up, referral



# New Tools...

- Crisis Leadership for Managers
- Build Resistance, Enhance Natural Resilience
- Surveillance in the field
- Psychological First Aid

# LESSONS IN LEADERSHIP

- Sun Tzu
- Machiavelli (modified)
- Churchill
- FDR
- Giuliani

# THE JOHNS HOPKINS' CONTINUUM OF CARE: 3 OUTCOME-DRIVEN PHASES



**Build Resistance**    **Enhance Resiliency**    Speed Recovery

(Kaminsky, et al., 2005, In GS Everly, Jr & CI Parker, eds, Mental Health Aspects of Disaster. Balto: Johns Hopkins Center for Public Health Preparedness.)

# SURVEILLANCE

- Pre-deployment
- In the Field
- Post Deployment



***PSYCHOLOGICAL***



***FIRST AID***

George S. Everly, Jr., PhD, ABPP  
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“In the past decade, there has been a growing movement in the world to develop a concept similar to physical first aid for coping with stressful and traumatic events in life. This strategy has been known by a number of names but is most commonly referred to as psychological first aid (PFA).”

(IOM, 2003, p.4)

# PSYCHOLOGICAL FIRST AID (PFA)

*"a supportive and compassionate presence designed to reduce acute psychological distress and/or facilitate continued support, if necessary."*

(Everly, GS, Jr. & Flynn, BW. (2005). Principles and Practice of Psychological First Aid. Johns Hopkins Center for Public Health Preparedness.



***The mind is its  
own place, and in  
itself can make a  
Heaven of a Hell,  
a Hell of Heaven.***


**– John Milton**



**The measure of mental  
health is the disposition  
to find good  
everywhere.**

**–Ralph Waldo Emerson**

**ARE YOU AN OPTIMIST OR A  
PESSIMIST?**



If we see light at the end  
of a tunnel, it's likely to  
be an oncoming train

- Robert Lowell





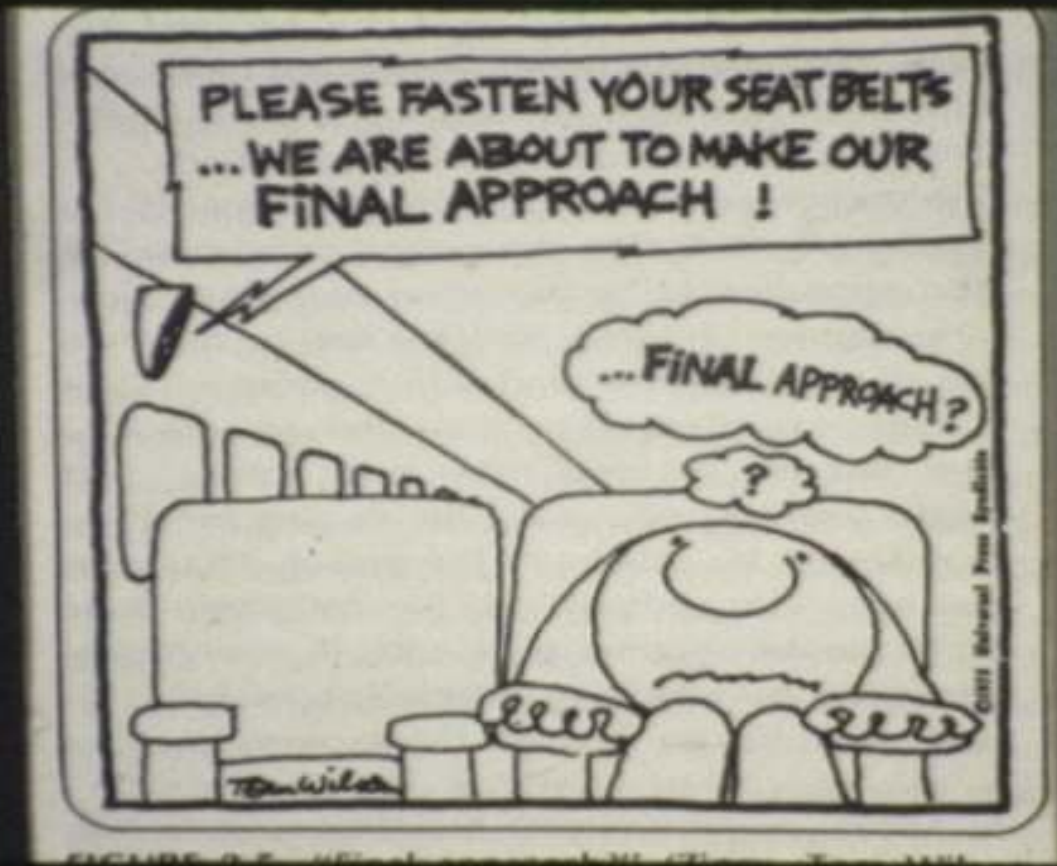


FIGURE 9.5. Helicopter approach to the runway.

# Dr. Everly's 21st Century BURNOUT CLUB

- Be a perfectionist, never accept excellence.
- Never exercise!
- Eat as much "fast food" as possible; only eat things that had faces (chickens don't count--no lips)
- Never eat breakfast.
- Accept responsibility for everything and everyone, all the time!
- Engage in an endless process of controlling everything and everyone, especially those people/ things over which you have no actual control.
- Strive to sleep as little as possible!
- NEVER take vacations, if forced to do so, feel guilty.
- Seek out a routine: Sleep until you are hungry, eat until you are tired; use ETOH to relax, stimulants to get going.
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